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7590

09/17/2004

Lisa A Haile Ph.D.

Gray Cary Ware & Freidenrich LLP  
4365 Executive Drive Suite 1100  
San Diego, CA 92121-2133

11/23/2004 DEMMANU2 00000125 071896 09761209

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Aldon Griffis

(Depositor's name)

*Aldon Griffis*

(Signature)

November 17, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/761,209	01/16/2001	James E. Hildreth	JHU1290-7	5480

**TITLE OF INVENTION:** MONOCLONAL ANTIBODIES AGAINST LEUKOCYTE ADHESION RECEPTOR BETA-CHAIN, METHODS OF PRODUCING THESE ANTIBODIES AND USE THEREFORE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/17/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS	11/23/2004 DEMMANU2 00000126 09761209	
NAVARRO, ALBERT MARK		1645	424-130100	01 PC:1501 02 FC:1504 03 FC:8001	1370.00 OP 300.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) <b>PLEASE NOTE:</b> Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.					
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
The Johns Hopkins University School of Medicine		Baltimore, Maryland			

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies Ten (10)

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed. \$1,700.00  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Lisa Haile*

Date November 17, 2004

Typed or printed name Lisa A. Haile, J.D., Ph.D.

Registration No. 38,347

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT  
Attorney Docket No.: JHU1290-7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James E. Hildreth Art Unit: 1645  
Application No.: 09/761,209 Examiner: A.M. Navarro  
Filed: January 16, 2001 Conf. No. 5480  
Title: METHOD OF USING MONOClonAL ANTIBODIES AGAINST  
LEUKOCYTE ADHESION RECEPTOR  $\beta$ -CHAIN (As Amended)

**Mail Stop ISSUE FEE**  
Commissioner for Patents  
P.O. Box 1450  
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**RESPONSE TO NOTICE OF ALLOWANCE**

Sir:

In response to the Notice of Allowance mailed September 17, 2004, enclosed are the completed Issue Fee Transmittal Form PTOL-85B and Check No. 570001 in the amount of \$1,700.00 for the required Issue/Publication Fees and a request for Ten (10) advance patent copies.

The Commissioner is hereby authorized to charge any other fees associated with the filing submitted herewith, or credit any overpayments, to Deposit Account No. 07-1896.

Respectfully submitted,



Lisa A. Haile, J.D., Ph.D.  
Registration No.: 38,347  
Telephone: (858) 677-1456  
Facsimile: (858) 677-1465

Date: November 17, 2004

**USPTO CUSTOMER NUMBER 28213**  
GRAY CARY WARE & FREIDENRICH LLP  
4365 Executive Drive, Suite 1100  
San Diego, California 92121-2133

**CERTIFICATION UNDER 37 CFR §1.8**

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, **November 17, 2004**, in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Aldon Griffis  
(Name of Person Mailing Paper)

Aldon Griffis  
(Signature)

**November 17, 2004**  
(Date)